

PI 0000025399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NELSON'S TOWING, INC
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CALVIN NELSON
Name (Printed or typed)

5089 ISLAND CLUB DRIVE
Address

TAMARAC, FLORIDA 33319
City, State & Zip

954-394-9473
Daytime Telephone number

calvinnelson2comcast.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

NELSON'S TOWING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5089 ISLAND CLUB DRIVE
TAMARAC, FLORIDA 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
VEHICLE TOWING

ARTICLE IV SHARES

The number of shares of stock is:
20000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CALVIN 5089 ISLAND CLUB PRESIDENT
NELSON DRIVE TAMARAC,
FL 33319

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

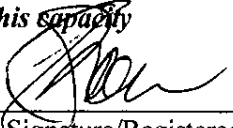
CALVIN NELSON 5089 ISLAND CLUB DRIVE
TAMARAC, FLORIDA 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALEXANDER DuROSE
P.O. BOX 16943, PLANTATION, FL 33318

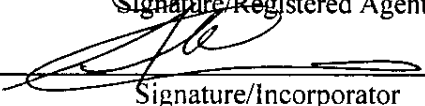
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/12/2010

Date



Signature/Incorporator

03/12/2010

Date

Alexander DuRose

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA